

FILED MAY 26 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17005**
Registrar's No. **2183**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2183**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 4219 TRACY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1535 WALNUT STREET			

3. NAME OF DECEASED (Type or Print) LEWIS a. (First) F b. (Middle) WHITEMAN c. (Last)			4. DATE OF DEATH MAY - 11 - 1950 (Month) (Day) (Year)		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH SEPT-20-1930		9. AGE (In years last birthday) 19		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 Hrs. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE CLERK			10b. KIND OF BUSINESS OR INDUSTRY ALCON Co.			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME EUGENE C. WHITEMAN			13b. MOTHER'S MAIDEN NAME MARJORIE LEWIS			14. NAME OF HUSBAND OR WIFE _____					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-26-9334		17. INFORMANT'S SIGNATURE OR NAME Eugene Whiteman ADDRESS 4219 Tracy							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injuries of chest & lower extremities resulting from fall ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a fall DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 2902⁶/₁₁	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1535 Walnut		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-11-50		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell Down Elevator shaft	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. O. Kealhofer (Degree or title)			23b. ADDRESS 3447 Prospect St. W			23c. DATE SIGNED 5-11-50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-13-1950		24c. NAME OF CEMETERY OR CREMATORIUM Floral Hills		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.			
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DATE REC'D BY LOCAL REG. 5-12-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer's Sons, K. C. Mo.					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Raye L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.